

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 1133Registered No. 103

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1005 Sullivan St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

## 2. Full name of child

Jose Alvarez { If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

MaleTo be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

2nd

## 6. Legitimate?

yes

## 7. Date

Mch. 6 - 1928  
Month Day Year

## 8. FATHER

## Full name

Porfirio J. Alvarez

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

## 10. Color or race

Mex.11. Age at last birthday 26 (Years)

## 12. Birthplace (city or place)

(State or country)

Sonora Mex.

## 13. Occupation

Nature of Industry

Miner

## 14. MOTHER

## Full maiden name

Henriqueta Pena

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Arizona

## 16. Color or race

Mex.17. Age at last birthday 26 (Years)

## 18. Birthplace (city or place)

(State or country)

Alamos Sonora Mex.

## 19. Occupation

Nature of Industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5(b) Born alive but now dead 1

(c) Stillborn \_\_\_\_\_

## 21. Were precautions taken against ophthalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. m. on the date above stated  
(Born alive or stillborn.)

Signature

Leyla M. Brown M.D.Physician

(Physician or midwife).

Address

Miami, Arizona

Filed

Mch 12, 28

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Registrar

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

119-306-871